



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL  
SUMMARY SHEET**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 18402 SOLEDAD CYN RD, SANTA CLARITA, CA 91351

TELEPHONE: (661) 299-5819

OWNER OF BUSINESS: LAI F HUANG

CAL. DR. LIC.# [REDACTED]

NAME OF PERSON FINGERPRINTED: LAI F HUANG

FICTITIOUS NAME: MAGNOLIA HEALTH CENTER

MAILING ADDRESS: 18402 SOLEDAD CYN RD, SANTA CLARITA, CA 91351

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
<input checked="" type="checkbox"/> 3. Building & Safety	YES	08/27/15	tchen
<input checked="" type="checkbox"/> 4. Fire Department	YES	10/20/15	tchen
<input checked="" type="checkbox"/> 5. Public Health	YES	09/26/16	nlove
<input type="checkbox"/> 6. Treasurer & Tax Collector			
<input checked="" type="checkbox"/> 7. Business License Commission			
<input checked="" type="checkbox"/> 8. Sheriff Department	YES	05/27/16	nlove
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	08/26/15	tchen
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	10/06/16	tchen
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	05/27/16	nlove
<input type="checkbox"/> 14. Emergency Medical Services			

Conditions:



Los Angeles County Treasurer and Tax Collector  
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ 2,158.00

8430  
ID # 142629

BUSINESS INFORMATION

Type of Business: <u>Massage Parlor General</u>	Address of Business: <u>18402 Soledad CYN RD Santa Clarita</u> Business Telephone: <u>661-2995819</u>	
DBA (Business Name): <u>magalia health center INC</u>	Mailing Address: <u>18402 Soledad CYN RD Santa Clarita</u> <u>Ca 91351</u>	
Sellers Permit # (State Board of Equalization): <u>Ca 91351</u>		
Business Ownership Structure: Single Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> If LLC or Corporation, the information below is required:		
Date of Incorporation: <u>AUG 19/2015</u> Incorporated in the State of: <u>California</u>		
Exact Corporate Name: <u>magalia health center INC</u>		
Names of Officers	Addresses	Titles
<u>Lai Fan Huang</u>	[REDACTED]	<u>Proprietor</u>

APPLICANT INFORMATION

Applicant's Full Name: <u>Lai Fan Huang</u>		
Home Address: [REDACTED]		
Home Telephone: [REDACTED]	Cell Phone: [REDACTED]	Email address: <u>mag4383@yahoo.com.tw</u>
Social Security #: [REDACTED]	Date of Birth: [REDACTED]	Place of Birth: [REDACTED]
Driver's License or State ID#: [REDACTED]		Expiration Date: [REDACTED]
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Height: [REDACTED]	Weight: [REDACTED]
Hair Color: [REDACTED]		Eye Color: [REDACTED]

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 08/24/15 Applicant's Signature: Lai Fan Huang  
Application taken by: llc Date: 8-24-15

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225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE  
APPLICATION REFERRAL**

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL /SC**

ADDRESS OF BUSINESS: **18402 SOLEDAD CYN RD, SANTA CLARITA, CA 91351**

TELEPHONE: **(661) 299-5818**

OWNER OF BUSINESS: **LAI F HUANG**

CAL. DR. LIC.#: **[REDACTED]**

NAME OF PERSON FINGERPRINTED:

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**BUILDING & SAFETY**

**SANTA CLARITA**

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: We recommend approval at this time.

SIGNATURE: D. Hammick

DATE: 8/25/15

10/13/2015 TUE 11:40 FAX 5612861134 --- Linda Trejo

0005/010

Oct 09 2015 13:46 FS 107 6612985044

page 1

10/09/2015 FRI 10:51 FAX 5612861134 --- PG 107

0002/005

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10:34:19 a.m. 10-07-2015

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**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE  
APPLICATION REFERRAL**

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**FIRE DEPARTMENT  
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

10/4/15

BASIC LICENSE NO. 8430

DATE 08/25/15

IDENTIFICATION NUMBER 142629



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

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**PUBLIC HEALTH**

**LA COUNTY**



APPROVAL



DENIAL

RECOMMENDATION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

5 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

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**BUSINESS LICENSE  
APPLICATION REFERRAL**

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**SHERIFF FINGERPRINT**

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: \_\_\_\_\_

*Approved*

SIGNATURE: \_\_\_\_\_

*W. S. 534470*

DATE: \_\_\_\_\_

*2/22/15*

BASIC LICENSE NO. 8430

DATE 08/25/15

IDENTIFICATION NUMBER 142629

*3/25*

*5-13-15 Nicole G  
2/27*

**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

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**REGIONAL PLANNING  
SANTA CLARITA**

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: approval for massage parlor 07C15-1779

SIGNATURE: 

DATE: 8/25/15